

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **57**

1. Place of Death: (a) County **Cochise** (b) City or Town **Douglas (Rural)** (c) Location **County Hospital**
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution **3 days**; In Community **30 days**; In Arizona **48 years**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Cochise** (c) City or Town **Lowell (Rural)**
(If outside city limits also write RURAL)
(d) Street No. **Naco Road near Lowell, Ariz.** (e) Citizen of foreign country (Yes or No) **No**
3. (a) FULL NAME **Henry C. Short** (b) If veteran name war **No** (c) Social Security No. **No**

4. Sex **Male** 5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased **January 1 1883**
(Month) (Day) (Year)
8. AGE: Years **65** Months **0** Days **19** hrs. _____ min. _____
If less than one day

9. Birthplace **San Angelo Texas**
(City, town or county) (State or Country)

10. Usual Occupation **Miner - Retired**

11. Industry or Business **Mining**

Father { 12. Name **John Short**
13. Birthplace **Tennessee**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **Louise Brown**
15. Birthplace **Shreveport Louisiana**
(City, town or county) (State or Country)

16. (a) Informant's own signature **William Short**
(b) Address **Eloy, Arizona**

17. (a) Burial, Cremation or Removal **Removal**
(b) Place **Bisbee, Ariz.** (c) Date **1/20 1948**

18. (a) Embalmer's Signature **Hugh Dugan, Jr.**
(b) Funeral Director **Hugh Dugan, Jr.**
(c) Address **Bisbee, Arizona**

19. (a) **Jan 22 - 1948**
(Date received Local Registrar)
(b) **Ben Adamson**
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **January 20, 1948**
TIME (Hour and minute) **2:10 P.M.**

21. I hereby certify that I attended the deceased from **Jan 12**
1948 to **Jan 20, 1948**
that I last saw him alive on **Jan 20, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarct**

Due to **chronic nephrosis**
bilateral

Due to _____

Other conditions (include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury _____

23. Signature **Dr. H. Dugan, Jr.** M. D.
Address **Douglas, Ariz.** Date signed **1/23/48**